



Arizona State Board of Dental Examiners

“Caring for the Public’s Dental
Health and Professional Standards”

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UNIVERSAL LICENSING AFFIDAVIT

Pursuant to A.R.S. § 32-4302, the Arizona State Board of Dental Examiners (“Board”) shall issue a new license in the licensee’s name upon completion of the Board’s Initial Application and, among other requirements, satisfactory proof of licensure in another United States state or territory.

APPLICANT INFORMATION

Last Name

First Name

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LICENSING TYPE

Dentist

Dental Therapist

Hygienist

Denturist

OTHER JURISDICTIONAL LICENSE(S)/CERTIFICATE(S)

Please list the name of each and every jurisdiction in which you are currently or have ever been licensed, in the discipline you are applying for in Arizona, including your license number, date issued and current status (Use additional pages if necessary).

Jurisdictional Board and Profession	License Number	Date Issued	License Status

I solemnly attest that the other jurisdiction(s) listed above were requested, by me, to provide the Board verification of my license in their jurisdiction. Said jurisdiction(s) either would not or could not provide information regarding information, which is required by A.R.S. § 32-4302. I further attest that, at the time I was first licensed/certified in the jurisdiction(s) listed above, there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and that I met those requirements in order to be licensed or certified in that jurisdiction. I further attest that I have not had discipline imposed by any other regulating entity, or all disciplinary action imposed has been resolved and attached hereto and that there are no outstanding disciplinary matters unresolved by any of the above listed jurisdictions or any other jurisdictions I’ve failed to list. This affidavit will be shared with the above listed or attached jurisdictions and may be shared with other jurisdictions.

PERSONAL ATTESTATION:

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who is applying for an Arizona dental examiners’ license with the Arizona State Board of Dental Examiners. Pursuant to A.R.S. § 32-1263(D)(4), I further certify that knowingly filing, with the board, any application, renewal or other document that contains false information is grounds for disciplinary action, including revocation of license.

Signature: _____ Date: _____